

INSTRUCTIONS

- Mail the following items to our office:

For *STILL BIRTHS ONLY*:

- 1) Completed "Application for Certified Copy of Still Birth Record" (VS 13-E).
- 2) \$20 fee per copy requested.

For *FETAL DEATHS ONLY*:

- 1) Completed "Application for Certified Copy of Fetal Death Record" (VS 12).
 - 2) \$13 fee per copy requested.
- Be sure to complete all items required on the application, and provide as much information as possible to help locate the record, otherwise your request may be returned to you for correction.
 - Fees are payable to "CDPH Vital Records" via check or money order. International money orders for out-of-country requests should be payable in U.S. dollars. Fees are also non-refundable per state law.
 - If we cannot locate the record based on the information you provide, California Health and Safety Code authorizes our office to maintain the fee for the search itself, and we will issue a Certificate of No Public Record (CNPR).
 - Fees previously paid to local registrars and county recorder's offices cannot be transferred to our office.

Vital Records maintains a permanent, public record of every birth and death that has occurred in California since July 1905, and has more than 50 million records on file.



California Department of Public Health
Vital Records – MS 5103
P.O. Box 997410
Sacramento, CA 95899-7410
(916) 445-2684
www.cdph.ca.gov
CA Relay: 711/1-800-735-2929



How to Obtain Certified Copies of *Still Birth and Fetal Death Records*

January 1, 2013

ATTENTION:

PLEASE READ THE FOLLOWING INFORMATION
BEFORE COMPLETING APPLICATION

GENERAL INFORMATION

- Information contained in vital records is released only via requests for certified copies.
- Certified copies of ***still births*** are available for release to the mother/parent or father/parent only.
- Certified copies of ***fetal death certificates*** are available for release to anyone who can provide sufficient information to identify a specific record.

APPLICANT NOTIFICATION

Once your request has been received and evaluated, we will send you either:

- A postcard informing you that your request has been accepted, listing the current processing times; or,
- If your request is not accepted (e.g., due to insufficient fees, insufficient information, etc.), we will return your request to you with a letter explaining what needs to be corrected.

Please allow a few weeks to receive these documents.

PROCESSING TIMES

To check current processing times for certified copies of still birth certificates and fetal death records, visit our website:

[http://www.cdph.ca.gov/certlic/birthdeathmar/
Pages/ProcessingTimes.aspx](http://www.cdph.ca.gov/certlic/birthdeathmar/Pages/ProcessingTimes.aspx)

CONTACT US

All applications and written inquiries should be mailed to:

**California Department of Public Health
Vital Records – MS 5103
P.O. Box 997410
Sacramento, CA 95899-7410**

If you still have any questions, please contact our Customer Service Unit at (916) 445-2684, Monday through Friday, between 8AM – 4PM.

APPLICATION FOR CERTIFIED COPY OF CERTIFICATE OF STILL BIRTH**INFORMATION:**

Still birth certificates are prepared from information contained on registered fetal death certificates. Fetal death certificates have been maintained in the California Department of Public Health Vital Records since July 1, 1905.

INSTRUCTIONS:

1. As of January 1, 2008, **ONLY** a parent (mother and/or father) can obtain a Certificate of Still Birth.
2. Complete a separate application for each Certificate of Still Birth requested.
3. Complete the **Applicant Information** section and provide your signature where indicated. In the **Fetal Death Information** section, provide all the information you have available to identify the fetal death record. Information from the fetal death record is used to generate the Certificate of Still Birth. If the information you furnish is incomplete or inaccurate, we may not be able to locate the fetal death record.
4. Submit \$20 for **each** copy requested. If no record is found, the \$20 fee will be retained for searching the record (as required by law) and a "Certificate of No Public Record" will be issued to the applicant. Indicate the number of copies you want and include the correct fee(s) in the form of a personal check or postal or bank money order (International Money Order for out-of-country requests) made payable to **CDPH Vital Records. PLEASE SUBMIT CHECK OR MONEY ORDER – DO NOT SEND CASH** (CDPH cannot be held responsible for fees paid in cash that are lost, misdirected, or undelivered).
5. Mail completed applications with the fee(s) to:

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Sacramento, CA 95899-7410
(916) 445-2684

PLEASE ATTACH CHECK HERE

Fee: **\$20 per copy** (payable to CDPH Vital Records). **PLEASE SUBMIT CHECK OR MONEY ORDER – DO NOT SEND CASH** (CDPH cannot be held responsible for fees paid in cash that are lost, misdirected, or undelivered).

APPLICANT INFORMATION (PLEASE PRINT OR TYPE)				Today's Date:		
Agency Name (if applicable)			Agency Case Number		Inmate ID Number	
Print Name of Applicant			Signature of Applicant		Purpose of Request	
Relationship to Stillborn			Amount Enclosed – DO NOT SEND CASH \$ _____ Check \$ _____ Money			Number of Copies
Mailing Address – Number, Street			Name of Person Receiving Copies, if Different from Applicant			
City	State / Province	ZIP Code	Mailing Address for Copies, if Different from Applicant			
Daytime Telephone (include area code) ()		Country	City		State	ZIP Code
FETAL DEATH INFORMATION (PLEASE PRINT OR TYPE)						
<i>Complete information below as shown on the fetal death record, to the best of your knowledge.</i>						
FETAL DEATH FIRST Name		MIDDLE Name		LAST Name		
City of Still Birth (must be in California)				County of Still Birth		
Date of Still Birth – MM/DD/CCYY (If unknown, enter approximate date of still birth)				Sex _____ Female _____ Male		
Father/Parent FIRST Name		MIDDLE Name		LAST Name (Before Marriage/Domestic Partnership)		
Mother/Parent FIRST Name		MIDDLE Name		LAST Name (Before Marriage/Domestic Partnership)		

APPLICATION FOR CERTIFIED COPY OF FETAL DEATH RECORD**INFORMATION:**

Fetal death records have been maintained in the California Department of Public Health Vital Records since July 1, 1905.

INSTRUCTIONS:

1. Complete a separate application for each fetal death record requested.
2. Complete the **Applicant Information** section and provide your signature where indicated. In the **Fetal Death Information** section, provide all the information you have available to identify the fetal death record. If the information you furnish is incomplete or inaccurate, we may not be able to locate the record.
3. Submit \$13 for **each** copy requested. If no fetal death record is found, the fee will be retained for searching the record (as required by law) and a "Certificate of No Public Record" will be issued to the applicant. Indicate the number of copies you want and include the correct fee(s) in the form of a personal check or postal or bank money order (International Money Order for out-of-country requests) made payable to **CDPH Vital Records**. **PLEASE SUBMIT CHECK OR MONEY ORDER – DO NOT SEND CASH** (CDPH cannot be held responsible for fees paid in cash that are lost, misdirected, or undelivered).
4. Mail completed applications with the fee(s) to:

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(CDPH cannot be held responsible for fees paid in cash that are lost, misdirected, or undelivered).

APPLICANT INFORMATION (PLEASE PRINT OR TYPE)			Today's Date:		
Agency Name (if applicable)		Agency Case Number		Inmate ID Number	
Print Name of Applicant		Signature of Applicant		Purpose of Request	
Mailing Address – Number, Street		Amount Enclosed – DO NOT SEND CASH		Number of Copies	
		\$ _____ Check \$ _____ Money Order			
City		Name of Person Receiving Copies, if Different from Applicant			
State/Province	ZIP Code	Mailing Address for Copies, if Different from Applicant			
Daytime Telephone (include area code) ()	Country	City	State	ZIP Code	
FETAL DEATH INFORMATION (PLEASE PRINT OR TYPE)					
<i>Complete information below as shown on the fetal death record, to the best of your knowledge.</i>					
FETAL DEATH FIRST Name		MIDDLE Name		LAST Name	
City of Fetal Death (must be in California)				County of Fetal Death	
Date of Fetal Death – MM/DD/CCYY (If unknown, enter approximate date of fetal death)				Sex _____ Female _____ Male	
Father/Parent FIRST Name		MIDDLE Name		LAST Name (Before Marriage/Domestic Partnership)	
Mother/Parent FIRST Name		MIDDLE Name		LAST Name (Before Marriage/Domestic Partnership)	